

Our vision is a world where all care homes are great places to live, die, visit and work.

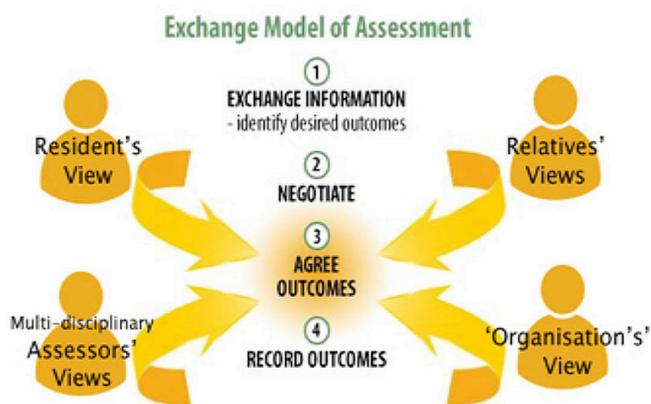
## Focusing on Personal Outcomes in Care Homes

### Focusing on Personal Outcomes in Care Homes Overview

This briefing describes steps taken by *My Home Life* to explore the opportunities and challenges of implementing a focus on personal outcomes in care homes. It summarises key elements of a personal outcomes approach, highlights some unique features of outcomes focused practice in the care home sector, and considers the ways in which MHL principles might support this. In seeking to embed a more explicit focus on personal outcomes in our work, we have built on the lessons learnt from over a decade of research and development on the implementation of a personal outcomes approach in diverse community settings, including the recent Meaningful and Measurable project.<sup>1</sup>

### What is a personal outcomes approach?<sup>2</sup>

A personal outcomes approach starts by taking time to understand what matters to the person using a service in the context of his or her whole life, rather than through the filter of diagnostic labels. Information about this understanding is then recorded and used to inform individual and collective decision making. The Exchange Model of Assessment<sup>3</sup> illustrates how different sources of knowledge and expertise are brought together to ensure a shared understanding of what matters to the person and why, what's possible and how this might be achieved.



An important feature of the approach is that it recognises that outcomes often cannot be achieved by (or attributed to) a single service provider, but rather requires the person, families, social support networks, the local community, service provider and the wider care system to work together, and to understand, respect and value each other's contributions. It is consistent with the MHL commitment to improving relationships between, and quality of life for everyone involved in caring situations. In addition to being much clearer about the purpose of care and support a major benefit of outcomes focused working is improved relationships between people using services and those involved in different aspects of their lives. This can contribute to better outcomes for relatives and staff too as they experience less conflict.

### Introducing a focus on personal outcomes into the care home setting

Introducing a focus on personal outcomes into any care setting takes time as it can require a significant change in thinking and culture. In the care home setting there are distinct issues to be addressed due in part to the increasing complexity of older people's care needs, high levels of cognitive impairment and negative public perceptions. Care and support are provided in a group living environment, encompassing the resident's whole life and eventual death, and these features of care home life present both opportunities and challenges for outcomes focused practice. Drawing upon the twin philosophies of Relationship-Centred Care<sup>4</sup> and Appreciative Inquiry<sup>5</sup>, and building upon previous work in the care home setting<sup>6</sup>, we have been carrying out a small exploratory study in partnership with several care homes to:

- Better understand assessment, care planning and review processes, and associated recording practices
- Explore the myriad ways that different staff groups come to understand and respond to what matters to a particular resident, what helps them, and what makes things more difficult
- Discover how recorded information is used for individual and collective decision making

<sup>1</sup> Available at <http://thub.scot/a-z-programmes/personal-outcomes>; <sup>2</sup> More information is available at <http://personaloutcomescollaboration.org.uk>; <sup>3</sup> Smale, G., Tuson, G., Biehal, N. and Marsh, P. (1993) *Empowerment, Assessment, Care Management and the Skilled Worker*, National Institute for Social Work Practice and Development Exchange, London: HMSO; <sup>4</sup> Nolan, M., Brown, J., Davies, S., Nolan, J. and J. Keady. (2006). *The Senses Framework: Improving care for older people through a relationship-centred approach*. University of Sheffield. ISBN 1-902411-44-7; <sup>5</sup> Reed, J (2007) *Appreciative Inquiry. Research for Change*, London: Sage; <sup>6</sup> Cook, A. and Miller, E. (2012) *Talking Points Personal Outcomes Approach: A Practical Guide*: Joint Improvement Team



Through a series of group learning sessions, with a strong action orientation we have also:

- Introduced staff to the principles of a personal outcomes approach
- Encouraged staff to develop practice aids that make sense locally
- Supported staff to test out core concepts in practice by engaging with one or more residents and their families, and then to reflect on and discuss their application with the group

### What this study has added

Previous work on personal outcomes in care homes has tended to involve only those residents with the capacity to engage in verbal conversations or focused on eliciting the resident's 'view', using communication aids or structured observation. We recognise that 'conversation' includes being attentive to life stories and that people with advanced dementia continue to convey the things that matter to them until death in bodily ways. We used carefully observed practice examples<sup>7</sup> as stimuli to encourage staff to reflect on the various ways that they come to understand what matters to a person unable to communicate verbally, and how they respond. This enabled staff to recognise and articulate taken for granted knowledge and insights, validating their expertise. We heard lovely examples of the many ways in which staff are already taking time to recognise and support individual residents to use their retained abilities and are introducing that extra element of quality into the lives of people with very complex care needs; while not losing sight of the benefits of group living for many older people.

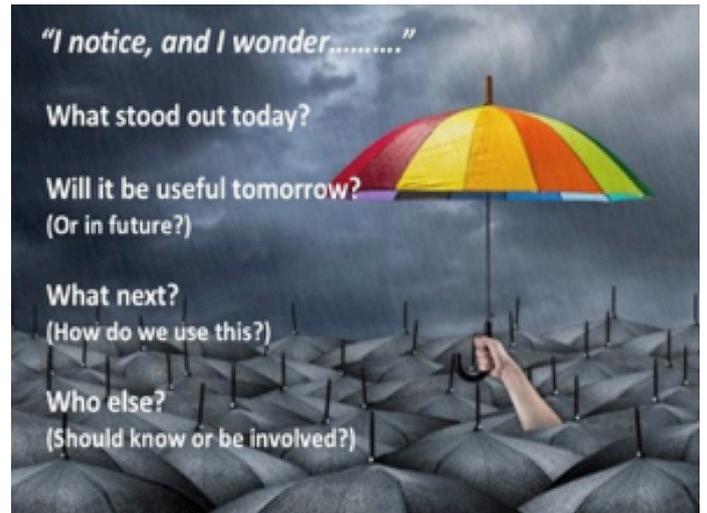
Negotiation of personal outcomes within the care home setting has received little attention to date, and the ethical and practical dilemmas that can arise daily have often been overlooked. Work across staff groups highlighted the importance of honesty at every level and suggested that the most complex negotiations often fall to point of care staff helping older people to negotiate everyday life in the home. In working to support personal outcomes, seemingly 'simple tasks' such as nail cutting, shaving and eating can require skilful negotiation to strike a balance between the need to respect autonomy, avoid potential harm, deliver best care, maintain dignity, and also to respect the wishes and preferences of different family members, whilst also being mindful of the needs of others who live in the home. We developed a deeper appreciation of the often invisible work that care home staff do, and the difficulties encountered. We are finding that this is an aspect of practice where the MHL philosophy and tools can help, notably through the *Caring*

<sup>7</sup>Face-to-Face: Relating to people with dementia until the end of life in care homes <http://hdl.handle.net/1842/16876> <sup>8</sup>Dewar B and Nolan M (2013) Caring about caring: Developing a model to implement compassionate relationship centred care in an olderpeople care setting, *International Journal of Nursing Studies*, 50(9):1247-58.

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*Conversations*<sup>8</sup> framework, described in previous MHL briefings.

Quality of recording can be problematic in care homes due to growing documentation demands placed on staff who may have had limited training in this area, or need support with literacy skills. In addition to recognising the limitations of care assessments and information gathered ahead of the move into the care home; the project underscored the importance of daily recording, as the wellbeing and capabilities of residents can fluctuate. Through group discussion we came to understand and address certain recording fears and identified support that staff would value. Staff came up with ideas to address the issue of repetitive daily recording, for instance, holding discussions using anonymised daily notes to agree what good recording looks like and developing practice aids.



In terms of using information, staff valued intelligence that could be used to shape their understanding of the person in order to maintain identity and allow for new possibilities, build relationships and inform future actions, as opposed to information required purely for the purposes of workload planning or evidencing routine task completion. Clarity of purpose and the feedback loop, as always, are critical. Staff could see the potential of a personal outcomes approach to ensure that everyone involved in the person's care and life was 'singing from the same song sheet'. In progressing this work, keeping sight of, being honest about, and properly valuing the true nature of care work will be essential if personal outcomes are to be achieved for all.

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